

10/780,128

For U.S. Patent office

plaw sent to
PCT/US/05/0733
PCT/US 2005/007337



Box No. V Reasoned statement under Rule 43 bis.1(a)(i) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement

1. Statement

Novelty (N)	Claims 1	YES
	Claims NONE	NO
Inventive step (IS)	Claims 1	YES
	Claims NONE	NO
Industrial applicability (IA)	Claims NONE	YES
	Claims 1	NO

2. Citations and explanations:

Claim 1 meet the criteria set out in PCT Article 33(2)-(3), because the prior art does not teach or fairly suggest the herein claimed invention.

Claim 1 lacks industrial applicability as defined by PCT Article 33(4). Specially, freckles cocaine would induce cerebral hemorrhage and intermenstrual bleeding (See Yapor et al.). Therefore, the herein claimed method of treating brain tumor directly contradicts what is known in the art. Accordingly, it is not applicable for clinical use absent evidence to the contrary. No such evidence is present in the case.

- I am the evidence. -

J. Q.

In rebuttal to this opinion, I do not feel I have contradicted this art but that such opinion comes from lack of logic as explained in letter attached.

(For US Patent office)

For amendment Papers (appendix)
sent in 2 months ago

This is sent on Dec. 18, 2006



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July 26, 2004

Frank Gulisano
1212 Loring Ave Apt 2G
Brooklyn, NY 11208-5046



I believe this to be ^{Brain} related.
F.G.

Dear Frank Gulisano,

Did you know that one out of every ten Americans will experience a seizure during his or her lifetime? It's true. Epilepsy and seizures affect 2.5 million Americans of all ages, with approximately 181,000 new cases each year.

And sadly, epilepsy and seizures are *still* widely misunderstood. That's why I'm pleased to present you with the enclosed Epilepsy Foundation bookmarks as part of our effort to educate tens of thousands of Americans about epilepsy. By reading and sharing the enclosed bookmarks, you can help us spread the word about proper seizure recognition and first aid, knowledge that might someday save someone's life.

Even though we've made a lot of progress in epilepsy awareness, many people are still frightened and confused when they encounter a person with epilepsy. You and I know that there is nothing to be afraid of. All it takes is a little bit of information, like the first aid tips on the enclosed bookmarks, to help dispel the fear.

Please help us educate Americans about epilepsy – and save lives – by passing along the enclosed bookmarks to family members, libraries, friends, day cares and schools in your area. Also, please feel free to contact our seizure disorders knowledge bank, on the web at www.epilepsyfoundation.org (click on ANSWER PLACE), or by calling 1-800-332-1000.

The more we *all* know about epilepsy, the better life will be for the men, women and children who suffer from seizure disorders. Thank you for doing your part.

Sincerely,

Eric R. Hargis
President & CEO

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Cocaine-induced Intratumoral Hemorrhage: Case Report and Review of the Literature

[Case Report]

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1991.

ABSTRACT

A unique case is described of a 28-year-old man who had seizures and a hemorrhage within a previously unsuspected cerebellopontine angle schwannoma within minutes of nasally inhaling cocaine. A review of the literature on cocaine-induced seizures and cocaine-induced cerebral hemorrhage is also given.

INTRODUCTION

Cocaine abuse in the United States has increased to epidemic levels in both rural and urban areas. Its increased use has been associated with an increase in cardiovascular and neurological complications. A case is described that exemplifies two possible insults to the central nervous system: seizures and hemorrhage. The case is unique because the hemorrhage occurred within a previously unsuspected posterior fossa schwannoma within minutes of intranasal inhalation of cocaine. A review of the literature concerning cocaine-induced seizures and cocaine-induced intracranial hemorrhage is presented.

CASE REPORT

Links

Abstract
Complete Reference

Outline

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Recent History

Cocaine-induced Intra... 60

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A 28-year-old man, who used cocaine frequently, was admitted to the emergency room after nasally inhaling one-half gram of cocaine. He developed the sudden onset of occipital and upper cervical pain, and he then lost postural control. While in a semiconscious state, he remembered lying on the floor, moving his head and arms uncontrollably. After several seconds, he was able to get up and nasally inhale another half gram of cocaine before coming to the hospital. He stated he had no medical problems until 2 years ago when a computed tomographic scan disclosed nothing abnormal in the cervical spine for pain in the left hand and neck. The patient's mother, uncle, and cousin were known to have neurofibromatosis.

At examination, we found the patient to be alert, fully oriented, and very nervous. His only abnormal findings were bilateral, horizontal nystagmus, greater to the right, minimal atrophy of the intrinsic muscles in the left hand; and bilateral Babinski reflexes.

A computed tomographic scan of the brain disclosed an irregular hemorrhage measuring 3 x 2 cm in the right posterior fossa with a left shift of the fourth ventricle and no enhancement with contrast (Fig. 1, A and B). Cervical roentgenograms were within normal limits. A magnetic resonance imaging scan of the brain delineated a tumor measuring 5 x 4 x 3.5 cm anterolaterally to the right cerebellar hemisphere and brain stem, extending from the foramen magnum up the clivus to the posterior clinoid process with a broad tentorial base (Fig. 2, A-D). There appeared to be loculated intratumoral cysts compatible with intratumoral hemorrhage. The magnetic resonance imaging scan of the patient's cervical spine revealed a lesion measuring 3 x 1.5 x 2 cm at the C7 to T1 levels posterior to the cord (Fig. 3, A and B). Nerve conduction velocity studies confirmed the presence of reduced amplitude, compound-muscle action potentials in the left ulnar nerve, and electromyography found chronic changes in the C8 and T1 myotomes although no paraspinal abnormalities were found.

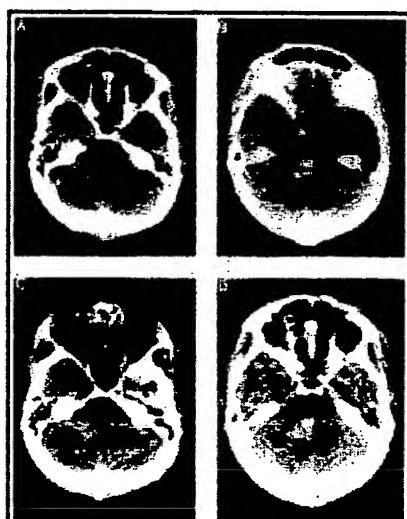


Figure 1. A, B, C, and D, computed tomographic scans of the brain with right cerebellar hemorrhage associated with irregular lucency in area of cerebellar hemisphere and brain stem.

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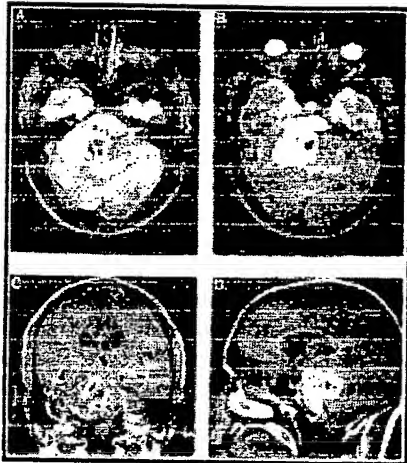


Figure 2. A, B, C, and D, multiplanar images of hemorrhagic lesion extending above the tentorium and shifting the brain stem. Note the loculated appearance of the hemorrhagic component.

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Figure 3. A and B, magnetic resonance imaging scans of the cervical spine with a lesion measuring 3 x 1.5 x 2 cm extending from C7 to T1 posteriorly to the cord.

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Audiological testing suggested normal hearing sensitivity bilaterally through test frequencies of 250 to 8000 Hz with excellent speech discrimination. Acoustic reflexes were absent bilaterally upon contralateral stimulation. Ipsilateral left reflexes were present at elevated levels, but ipsilateral right reflexes were absent at 500 to 1000 Hz and only present at 2000 Hz. Brain stem evoked responses revealed only the presence of Wave I on the right side at 90 decibel hearing level, and only the presence of repeatable Waves I to III at 90 decibel hearing level on the left side, suggestive of bilateral brain stem dysfunction.

During surgery, the patient was found to have a right cerebellopontine angle schwannoma with a multiloculated hemorrhagic center. A subtotal resection was achieved, and, postoperatively, the patient was unchanged neurologically. The cervical lesion would be addressed after the patient recovered sufficiently from the suboccipital craniotomy.

DISCUSSION

Cocaine-induced seizures are the most common and most serious nervous system complication of

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drug abuse 17,23. After nasally inhaling or smoking cocaine, up to 25% of the heavy users will lose consciousness as the result of syncope or seizures 23. Pascual-Leone et al. 21 reported that 8% of the patients seen for cocaine intoxication had a seizure within 90 minutes of cocaine use 21. Alldredge et al. 1 found that drug-induced seizures were related to cocaine in 32 of 49 cases; the others were related to amphetamines, heroin, phencyclidine, and a combination of agents.

Cocaine ingestion can induce seizures regardless of the route of administration, and convulsions may be associated with either first use or subsequent use in occasional or chronic users 4,5,23,24. In a series reported by Choy-Kwong and Lipton 4 of 283 cocaine abusers, 8 patients (2.8%) had seizures, either partial or generalized. It is frequently assumed that seizures without a mass lesion (hematoma or neoplasm) are not a serious problem. Patients who have cocaine-induced seizures may develop hyperthermia, hypotension, arrhythmias, hepatic failure, renal failure, syncope, and disseminated intravascular coagulation, and some patients may die 2,10,15,23.

Seizures can occur alone, or they can be associated with intracranial hemorrhage. All types of hemorrhage can occur, including subarachnoid hemorrhage, which may or may not be associated with aneurysms, arteriovenous malformations 12,13,22,28, or vasculitis 9. Subcortical and intracerebral hemorrhages are reported to be associated with cocaine use from a presumed, acute hypertensive mechanism 13,14,19,20.

Cerebral infarcts have also been associated with cocaine abuse without a hemorrhagic component 6,11,26. In these cases, thrombogenesis and vasospasm have been implicated as etiological factors 7. A series by Jacobs et al. 8 of 3712 cocaine users found that 13 patients had neurological complications. Seven (54%) had cerebral infarcts without hemorrhage, 3 (23%) had intracerebral hemorrhage, and 3 (23%) had subarachnoid hemorrhage 8.

A case of cocaine-induced seizures disclosing an unsuspected tumor has been documented 25, but we failed to find an intratumoral hemorrhage in the posterior fossa. It is possible that the hemorrhage in our patient may have occurred from the hypertensive effects of cocaine on the cardiovascular system 18, in association with increased cerebral blood flow in the posterior circulation, which has been documented in cocaine abusers 27.

The seizures in our patient may have been precipitated by the cocaine alone or by altering the seizure threshold of a medial temporal lobe already irritated by the schwannoma, which extended into the temporal fossa (Fig. 2, B and C). The acute change in intracranial pressure produced by the hemorrhage may have contributed, if not caused, the patient's seizures.

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KEY WORDS: Cocaine-induced cerebral hemorrhage; Cocaine-induced intratumoral hemorrhage; Cocaine-induced seizures

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TO WHOM IT MAY CONCERN: YOU WROTE ME ON NOV. 21 2006 THAT MY PROCEDURE CONTRADICTED THE ART OF THE LITERATURE SENT CONCERNING DR. WESLEY YAPOR ON COCAINE USE. THIS IS NOT THE CASE, AS A MATTER OF FACT THIS CONCLUSION IS BASED ON WHAT I BELIEVE TO BE A LACK OF FORESIGHT AND LOGIC ON THE USE OF COCAINE AS A CURE FOR TUMORS AND A POSSIBLE VIABLE CURE FOR METASTASIS CELLS AS MENTION IN MY PROCEDURE ON AN ALTERNATIVE PROCEDURE THAT WAS AMENDED ON AUG.21. 2006 AND SENT TO THE U.S. PATENT OFFICE ALONG WITH 6 CLAIMS WITHIN THE 90 DAYS ALLOTTED ME. THIS PROCEDURE TO BE ON THE SAFE SIDE SHOULD NOT BE DONE ON DRUG ABUSED PEOPLE WHO MAY ALREADY BE IN DANGER WHICH IS RARE IN ANY CASE IN USING MY PROCEDURE WITH SUCH A TINY AMOUNT USED AND DONE PROPERLY WITH QUALIFIED PERSONEL. ONE MUST KEEP IN MINE THAT ANY DRUG CAN KILL IF TAKEN IN EXCESS OR CURE IF TAKEN CORRECTLY, EVEN VITAMINS CAN DO HARM IF TAKEN IN EXCESS. THE PERSON MENTION BY DR. WESLEY YAPOR HAD A DRUG ABUSED BODY WHOSE FATAL CONDITION WAS CAUSED BY THE EXCESSIVE USE OF ONE LAST TIME OF COCAIN CRACK BRINGING HIM TO A POINT OF NO RETURN. STREET CRACK IS PURE COCAINE CUT WITH VARIOUS SUBSTITUTES FOR THE PURPOSE OF GREED THAT IN ITSELF CAN BE HARMFUL TO THE PERSON AS ALL DISTRIBUTORS DO THEIR OWN THING IN THIS REGARD. IF ONE WERE TO USE PURE COCAINE CRACK THE WAY ONE USES STREET CRACK DEATH WOULD OCCUR IN A MATTER OF MINUTES. ONE SHOULD BE KNOWLEDGEABLE OF ITS USE AS MANY TIMES BOTH LOOK ALIKE AT FIRST GLANCE. FOR INFORMATION PURPOSES IN IS A FACT THAT IN THE COUNTRY OF COLUMBIA A BOWL OF PURE COCAINE POWER IS ON MANY A KITCHEN TABLE AS A BOWL OF SUGAR IS IN THE U. S. KITCHEN THAT THE PEOPLE THERE TOOK A TINY NASAL AMOUNT FOR AN ENERGETIC AND GOOD FEELING FOR THE DAY AND ONCE MORE WHEN COMING HOME FROM WORK WHICH WAS THEIR CUSTOM THAT I RECALL YEARS AGO THIS WAS DONE EVEN BY MANY PROMINENT PEOPLE OF THIS COUNTRY. RESPECTABLE SINGLE PEOPLE OR SUCH FAMILIES DID NOT TOLERATE THE USE OF THIS DRUG IN IMPAIRING THE SENSES. A DRUG THAT SUCH PEOPLE GREW UP WITH THAT WAS RESPECTED. MANY PEOPLE THINK THIS IS A DRUG FROM THE GODS AND I WOULD IMAGINE SO IF IT WILL DO WHAT I CLAIM IN MY PROCEDURES THAT I AM STRONG ON. PCT APPLICATION NO. PCT/US05/7337 WRITTEN DEC. 10, 2006

Y. G.

*for U.S. Patent #
10/780,128*